

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

October – December, 2011

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I. PROGRAM HIGHLIGHTS: October—December 2011

The project continued with implementation of program activities as planned. The section below provides key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central and District HRH Strengthening and Development

- Under the auspices of the HRH WG, BMAF organized the first technical “theme day” dedicated to HRH in collaboration with WHO, as part of a series of technical reviews prior to the Joint Annual Health Sector Review. Issues discussed included progress of HRH milestones for financial year 2010/2011 and new milestones for financial year 2011/2012. One achievement noted is the efforts undertaken by HRH stakeholders to improve HRH data collection in the country to be used for decision-making.
- THRP continued support for two seconded consultants (Jensen and Kasale) to the MOHSW. This is the final quarter for this support from THRP. THRP has suggested to the MOHSW that the support and coordination functions undertaken by these two individuals be integrated into the staff employment profile of the ministry.
- BMAF, with MSH technical assistance, facilitated a three-day participatory workshop in Morogoro for members of the MOHSW’s HRH Working Group, specifically to strengthen the leadership skills and improve coordination skills among the four Strategic Objective teams. The teams developed action plans to help carry out their functions more effectively and contribute to the effectiveness of the HRH WG.
- BMAF conducted a second round of coaching visits to the 20 districts in the Iringa, Mtwara and Lindi Regions. During this round, the teams included representatives from POPSM. All 20 districts have integrated some HR management activities into the CCHP. The teams observed improved staffing levels and some districts have initiated WCI interventions. However, only a few districts were using the developed orientation package and supportive supervision tools; OPRAS was not used to evaluate staff performance. The POPSM staff conducted on-the-job orientation to the OPRAS tools. More than 80% of CHMT members completed their baseline OPRAS forms during the visits and developed plans to orient health workers on OPRAS.
- BMAF conducted a Job Fair in Sengerema for all seven districts of Mwanza Region. BMAF, MOHSW and PMORALG had information for recent graduates on employment opportunities available in their organizations. The focus is to attract health workers interested in working in the Mwanza region. Approximately 300 participants attended the event. 122 graduates are ready for posting; 53 students completed application forms for the MOHSW. BMAF will submit the application forms to MOHSW for processing and will continue tracking the graduates who showed interest in the districts.
- BMAF and IntraHealth are preparing to implement a work climate initiative. The baseline assessment will be conducted next quarter.

- The final three students, of AKU's program to upgrade enrolled nurses (EN) to registered nurses (RN) through a work-study program for students from Mtwara and Lindi Regions, repeated the semester and took the MOHSW exams; one student passed, two students failed and will re-sit the exam next quarter.
- AKU's enrichment program to upgrade the Form IV qualifications of nurses continued with 33 enrolled students. The students who opted to accept the MOHSW posting to nursing school for the EN-RN upgrade program have missed an opportunity to improve their Form IV grades and will be ineligible to register with the Tanzania Nursing and Midwifery Council.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)—Public Sector (with PMO-RALG), MOH/Zanzibar and Private Sector

- THRP participated in a technical plenary of the ECSA Conference; along with colleagues from Namibia and Uganda, representatives from the MOH/Zanzibar, UDSM and IntraHealth discussed the potential for an HRIS regional strategy as part of a panel on Leadership in Health Workforce Information. They advocated for HRIS sustainability and the adoption of HRIS across the region.
- UDSM continues to improve LGHRIS functionalities through a focus on continuous system improvement. It further customized the system to address bugs such as data duplication in report views and inconsistent information with the national TANGE reports. IntraHealth virtual technical assistance assisted UDSM efforts to develop and finalize an algorithm to strengthen the import of data. Upon completion the exercise will fast track the data entry process through the import of POPSM's cleaned data into LGHRIS thus simplifying the process of initial data entry for LGAs with newly deployed LGHRIS.
- UDSM conducted refresher training for programmers to update them on new features of the HRIS, installation procedures and system updating processes. During the workshop, UDSM also facilitated a critical review of the HRIS user and systems manuals. The manuals will be printed and circulated next quarter.
- IntraHealth developed a data use workshop for HR managers of the MOH/Zanzibar in November. The focus was to strengthen the ability of HR managers and to understand information available from the HRIS and apply tools for making evidence-based decisions.
- IntraHealth made a large computer equipment order in preparation for deploying LGHRIS to 60 districts in the Lake Zone. The computers, printers, UPS and scanners will be distributed and the LGHRIS installed early in 2012.
- CSSC conducted its annual HRIS stakeholders meeting to share progress in HRIS implementation in private sector. CCSC sites have completed data entry for 73% of staff data in FBO sector and are currently cleaning data before starting to generate reports. BAKWATA and APHFTA have started collecting HR data from their facilities.
- CSSC used its own funding to train five IT staff on the Linux and Ubuntu platforms to increase their technical skills in resolving system problems.

- CSCC conducted a monitoring visit to its western zone and Sikonge hospital and found system hardware and appliance working properly. The zone completed entering HR data for 92% of hospital staff, 67% of health center staff and all dispensary staff. The zone is cleaning the data to address data quality issues observed during the visit and will start generating reports from next quarter.

Development of a Cadre of Para-Social Workers

- THRP planned for and finalized the protocol for assessment of the Social Welfare Workforce; the undertaking is in close collaboration with the Social Welfare Workforce Sub-committee of the DSW. DSW and IntraHealth (M&E) have approved the protocol.
- The team launched the program to develop a cadre of PSW workers in Mtwara in close collaboration with PMO-RALG and the DSW. It raised awareness and trained district council members from the region on how to screen for and identify potential candidates. Training will ensue next quarter.
- THRP expanded PSW program in collaboration with Pamoja Tuwalee implementing partner, PACT, leveraging funds for training 177 PSWs and 38 PSW supervisors in select districts in Mara, Kagera and Tabora. The project also successfully linked Pamoja Tuwalee-implementing partner AfriCare, to support the work of PASONET and PSWs in Dodoma and Iringa.
- IntraHealth also conducted refresher training in Kilolo and Iringa Municipal districts for 204 PSWs and Supervisors.
- The ongoing project efforts to advocate for MVC support continue: the THRP strengthened advocacy teams from 13 districts in Dodoma and Mwanza; each team developing an advocacy plan and actively engaged in followup monitoring visits with PSWs. PASONET, the Para-social Worker advocacy network, is increasingly recognized as the voice of PSWs.
- THRP conducted follow up visits in Mwanza and Dodoma. Preliminary findings indicate that PSWs are successfully linking MVC to service providers for support and have initiated community funds to support MVC. Lack of motivation, transport facilities, regular followup and PSW dropout continue to be major program challenges.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners

IntraHealth International (prime partner),
Benjamin Mkapa AIDS Foundation (BMAF)
Christian Social Services Commission (CSSC)
University of Dar es Salaam (UDSM)
Agakhan Foundation (AKF)
Management Sciences for Health (MSH)
Training Resources Group (TRG)
Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs. The challenges, opportunities and the way forward are discussed by objective in Section III below.

This report also includes an update on the capacity building activities with key local organizations and sections on monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

THRP project through BMAF continued to support MOHSW to implement the national HRH strategic plan.

Supported National Human Resources For Health Review. BMAF in collaboration with WHO and other key stakeholders organized the first HRH theme day as part of the technical reviews of the Joint Annual Health Sector Review. Participants from several ministries, parliament, the donor community, and local and international NGOs reviewed the progress of HRH milestones for financial year 2010/2011 and determined new milestones for financial year 2011/2012. One achievement noted is the efforts undertaken by HRH leadership to improve HRH data collection in the country to be used for decision-making. Despite of this success, the stakeholders need to coordinate and harmonize their efforts to avoid duplication of efforts in data collection.

Building Capacity of the MOHSW HRH Working Group. THRP continued to support MOHSW in strengthening the HRH working group. Last quarter, BMAF conducted a Training Needs Assessment (TNA) for the four Strategic Objective (SO) Teams and found the team members lacking coordination, organizational skills, meeting management, and leadership skills. BMAF developed a workshop to address the identified gaps. This quarter BMAF, with MSH technical assistance, conducted a three-day participatory training for 11 participants from four SO teams in Morogoro in October. During the workshop, the SO teams reviewed the implementation and coordination modalities of the strategic plan at the central, regional and district levels, and developed a work plan for the period of 2011 to 2013. BMAF will closely monitor the progress of the SO teams in implementing the developed work plan and support the teams to improve coordination of their activities.

Support for two secondments to the MOHSW. This is the final quarter for THRP support for two secondments to the MOHSW, Dr. Jensen and Mr. Kasale. Over the course of the year, they conducted a series of special assignments with the Ministry's Department of Policy and Planning, its health reform initiative and the HRH Working Group. Canadian CIDA will continue this technical support to the MOHSW under its Health Workforce Initiative project.

A.2. Establishing a Functional Comprehensive Human Resource Information System

During this reporting period, activities focused on national advocacy (PMORALG and MOHSW) for HRIS implementation at district level, support for national HRIS deployment on mainland and data use workshop in Zanzibar. PMO-RALG has continued to support and lead project implementation at LGA level. THRP team participated and contributed to a technical panel in meetings prior to the annual ECSA Health Ministers Conference.

Advocacy, coordination and collaboration with PMO-RALG. The collaboration with PMORALG in HRIS implementation continued to excel. THRP supported several working

meetings to review progress in HRIS implementation, share best practices and develop actions to address challenges in implementation. PMO-RALG, UDSM and the THRP have successfully deployed the LGHRIS in Iringa, Lindi, Mtwara, Dar es Salaam and Coastal region. UDSM is finalizing a data entry algorithm which will speed up the data entry process in future deployment by importing PO-PSM's cleaned data into LGHRIS in the remaining LGAs. The TTCL connectivity to Mtwara, Lindi and Iringa is in the final stage; once completed the connectivity will allow efficient upload of data from LGA to region and to national levels. Key challenges hampering LGHRIS implementation continue: inadequate manpower (data entry clerks), data quality and system limitations. During a workshop designed to reflect on the implementation practice and identify best practices in deployment several challenges emerged including lack of LGA ownership and system malfunction. To address these challenges, it was agreed to a monthly HRIS programmers group to discuss technical issues and propose solutions which will then be fed into the monthly HRIS Technical Committee for information, discussion and approval.

HRIS advocacy and coordination in private sector. CSSC organizes a quarterly coordination meeting with its private sector partners, BAKWATA and APHFTA, to share progress and challenges in HRIS implementation. HRIS deployment in the FBO sector is progress well. CSSC's zonal offices have completed entering data for 73% of health workers in the FBO sector. The zones are taking tremendous steps to ensure data is of good quality, for example verification of system data against paper based information; orienting the health facilities on the tools and importance of submitting quality data. CSSC has recruited IT staff for the zonal offices who are resolving hardware and software problems facing the users. Challenges continue to be: slow internet connectivity, unreliable electricity and lack of commitment and workload for some data entry clerks at facilities. They may submit poor quality data or not submit data at a; despite of regular follow up. APHFTA and BAKWATA sites are in initial stage of system implementation. HRIS have been deployed in two APHFTA zones and data entry activities are in progress.

Local Government Human Resource Information System (LGHRIS) customization.

UDSM continued to customize the LGHRIS focusing considerable effort during the quarter on resolving several system bugs. They thoroughly reviewed the system drawing on feedback from recent experience in the field and various simulated cases developed by the programmers. Some of the problems addressed included: duplicate report views, missing information on the report view, Tange report not resembling the PMO-RALG requirements, inconsistency of data in some columns of the TANGE reports. Several challenges were immediately resolved during the review.

Apart from the system review, UDSM deployed a programming team to Iringa Region to facilitate securing and configuration of internet addresses for three sites of Iringa MC, Iringa DC and Iringa RAS office; these sites are now accessible via the internet a step towards aggregation of HR data in the public sector at regional and national levels.

External Cooperation towards Implementation and Adoption of HRIS. THRP representatives participated at the 54th ECSA Health Ministers Conference in Mombasa, Kenya. The Tanzania team, including the UDSM coordinator, IntraHealth HRIS Specialist and the ICT Officer from the MOH Zanzibar, participated on a panel on the potential for HRIS sustainability in the region. Issues forwarded to the Health Ministers included sustainability of HRIS across the region, implementation and adoption of HRIS across the region and the role of Regional Organisations in facilitating this discussion.

IHRIS implementation in Zanzibar. The THRP continues to provide ongoing technical support to the MOH/Zanzibar for data importation and report customization to meet HR reporting needs. THRP in collaboration with MOH/Zanzibar conducted an HRIS data use workshop for HR managers in November to strengthen an understanding of the information available and how it can be used for making evidence-based decisions. An experienced HR consultant facilitated the training with an emphasis on how to analyze and interpret data from the system to support various decisions including staffing levels by and workforce planning/projection data. The training helped the startup of the MOH capacity strengthening program in data use and identified areas for HRM that need improvements. For instance, currently HRIS produces reports to track individual career development; however, there is no career management policy. Equally, performance management is not in place, although the system can be customized to record performance appraisal results. These were useful lessons as the THRP plan to introduce this capacity building program in the mainland

A.3. Development of a Cadre of Para-social Workers (PSW)

Assessment of the Social Welfare Workforce. IntraHealth contracted a team of consultants to plan for and develop the protocol for an assessment of the Social Welfare Workforce (SWW) to document the existing situation and composition of this workforce in Tanzania, including the policy and legal environment which give mandate and legitimacy to their work. The Social Welfare Workforce Subcommittee of the Department of Social Welfare which is overseeing the effort met several times during the quarter to monitor progress and provide guidance. The assessment will be conducted in the pilot regions including Dar es Salaam, Kilimanjaro, Lindi and Mwanza. IntraHealth is mandated to ensure the quality of this study, and has been working closely with the consultants to prepare the study protocol and data collection tools. Data collection will start in January.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. District HRH Strengthening and Development

Coaching and mentoring visits. BMAF organized a coaching and mentoring visit in 20 districts of Iringa, Lindi and Mtwara in October 2011. The coaching teams composed of BMAF/IH staff, HRM Local experts and Government officials from presidents Office Public Service Management (POPSM). The official from POPS were included in the visit to provide on job training to CHMTS on using OPRAS which was identified as one major gap in the previous coaching visit.



On job training of CHMT on completing OPRAS

The main focus of the visits was to review the extent the LGAs have incorporated their action plan in 2011/12 CCHP, How the LGAs are utilizing HRH supportive supervision checklist and orientation guideline and documenting staffing level. Key findings from the coaching visit include:

- All 20 districts incorporated HRM action plans into 2011/12 approved CCHPs. The percentage of inclusion of HRM activities into CCHP is 10% to 80% of the planned activities.
- All 20 LGA are using OPRAS. The coaching team found CHMT members lack a good in understanding the concepts of OPRAS, how to completing the forms and conduct midterm and end-of-term reviews. POPSM officials oriented the CHMTs on OPRAS process and provided on job training to CHMTs on completing OPRAS forms for 2011/2012.
- Supportive supervision activity has been carried out in all councils on a quarterly basis through the normal supportive supervision in the districts. The coaching team was able to review some of the supervision reports.
- There has been some work climate initiatives on-going after the training in the districts. For example, in Makete the administration block is undergoing renovation.
- Routine orientation of new staff has been taking place in all 20 councils. Some districts improved the orientation process by using the developed orientation package.
- All councils were able to provide data on staffing trend for 2010/11 and 2011/12 that indicate significant improvement.

The key challenges observed include: 1) Some districts were not able to incorporate all activities in HRM plans 2010/11 CCP due to inadequate budget allocated and guidance from MOHSW not to include site trainings into the 2011/12 CCHP. 2) OPRAS system requires further guidance on the mid-year and annual review as time was not sufficient to cover and guide teams on all sections. 3) The LGAs don't have resources to conduct a parallel HRM supportive supervision in the facilities. BMAF will continue to support the district to address the challenges observed through ongoing coaching and mentoring visits

B.2. Establishing a Functional Comprehensive Human Resource Information System

The major focus for HRIS implementation in public sector for this quarter was procurement and preparation for HRIS deployment in Lake Zone, capacity building for programmers to support HRIS, examining the status of HRIS implementation and quality of data in Dar es Salaam and Coastal region sites. The private sector primarily focused on sensitizing BAKWATA and APHFTA facility owners to support HRIS, procurement of equipment for BAKWATA and APHFTA sites, building the capacity of data entry clerks and IT staff to improve quality and system support respectively and examining progress of HRIS implementation and data quality at CSSC Northern zone office.

The major challenges facing HRIS implementation in both the public and private sectors continues to be inadequate personnel dedicated to HR and ICT, infrastructure limitations, data accuracy and capacity to analyze and generate reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMORALG and CSSC in addressing these challenges.

HRIS implementation in the Public Sector

HRIS Capacity Development. UDSM conducted an internal refresher training for nine team members both technical and non technical in November in Morogoro. The training focused on updating programmers on new features of the system, installation procedures and the system updating/upgrading procedures. The outcomes of the training included definition of standards for customizing LGHRIS and upgrading the old sites to the new version. It was agreed that all customization is to be on the local version of LGHRIS to allow for testing and retesting without affecting the live system; and once satisfied with the functionalities those same changes all sites to run updates. This will improve consistency of the system across all sites as well as minimize the cost for site upgrading. Other outputs include the reviewed and finalized user and system manuals and the personnel data form.

LGHRIS Scale up. To date HRIS have been implemented in 32 LGAs and 5 Regional Secretary Offices. To meet PMO-RALG expectations of expanding HRIS in all LGAs, THRP in collaboration with PMORALG planned for massive deployment of LGHRIS in the Lake Zone covering 38 LGAs and 4 Regional Secretariats Offices (Mwanza, Shinyanga, Mara and Kagera.

The project procured 71 sets of desktop computers, printers, UPS and scanners for the new sites and held two meetings with PMORALG staff and LGAs where HRIS have been installed to inform the deployment plan. The system deployment in Lake Zone will take place in January 2012. It will involve sensitizing the LGA to support the system, installation of hardware and software and training staff on using the system.

LGHRIS implementation quality and status. THRP's UDSM team conducted followup visits in November to four sites in the Dar Es Salaam Region (Ilala MC, Temeke MC, Kinondoni MC, DSM RAS and DSM City Center). The main aim of each visit was to evaluate the progress made in data entry following system installation in October 2011. Each site has no less than 1500 staff to enter reflecting a burden on data entry exercise as well as the quality of data. The team observed that all the sites are still at the data entry stage though progressing very slowly due to several reasons: lack of ownership, no focal persons to supervise data entry process, data entry clerks overloaded with multiple tasks, lack of ICT support to resolve systems problems. The THRP team resolved LGHRIS accessibility at DSM City council Office and agreed a way forward with each sites to address the challenges they are facing in implementation of HRIS.

HRIS implementation in the Private Sector

HRIS deployment to CSSC facilities: Last quarter, CSSC installed the HRIS in 15 hospitals (three hospitals in each CSSC Zone) and trained staff in 12 from 12 of the facilities. This quarter, CSSC conducted the HRIS training for the remaining three hospitals (Mbalizi CDH, Ilembula Hospital and Tosamaganga Hospital) in CSSC's Southern Zone. The training focused on manipulation of systems and data entry. Each facility identified data entry clerks. One limitation in the system is no restrictions on report view potentially compromising staff confidentiality. The problem will be fixed in the next release of iHRIS 4.1 planned for January 2012.

Status in HRIS implementation. Data for 73% of staff in FBO health facilities has been entered into the system. The number of facilities with updated HR data is summarized in Table 1 below. The literature shows that health centers in Tanzania only average between five to 12 providers and dispensaries average between two to five staff, therefore the data that has yet to be entered in the system accounts for only 26% of FBO staff. Focus has moved to complete data entry for health

centers and dispensaries. CSSC is supporting the zones to clean their data at the same time. From next quarter more emphasize will be given on generating report to inform decision making process.

Table 1: Status of Data Entry in CSSC facilities

Zone	Hospitals		Health Centres		Dispensaries	
	Total	With updated HR information	Total	With updated HR information	Total	With updated HR information
Northern	20	20	17	4	106	7
Lake	22	22	22	Not Yet	116	Not Yet
Western	12	11	12	12	68	68
Eastern	18	18	16	4	135	10
Southern	27	27	35	2	262	Not Yet
Total	99	98	102	22	687	85

HRIS deployment to APHFTA and BAKWATA facilities. Following successful deployment of HRIS at BAKWATA and APHFTA home offices, THRP prepared for HRIS rollout. CSSC conducted meetings in APHFTA's Northern, Lake and Southern zones to sensitize private facility owners of the importance and benefits of using HRIS to manage their staff information. UDSM presented HRIS operations and basic; CSSC shared its experience and the importance of HRIS. The owners of the private health facilities supported the initiative. Several challenges need to be addressed in the course of project implementation: the time for orienting the facilities on tool was too short, inadequate staff for data entry, ensuring data is protected, and sustainability of the project in terms of funds. CSSC disseminated the data collection tools. Each APHFTA zonal office will work with the facilities to address these challenges. Data collection will start next quarter.

CSSC worked with BAKWATA, an umbrella organization for Muslim health facilities, to conduct and HRIS need assessment in 13 facilities. Next quarter, CSSC will support BAKWATA to conduct meetings to sensitize facility owners to implementation of HRIS.

THRP procured 29 sets of computer hardware for HRIS installation at BAKWATA and APHFTA sites. Installation is planned for January 2012.

Capacity building for HRIS support in private sector. CSSC organized a workshop for data entry clerks and IT staff from CSSC, APHFTA and BAKWATA. The purpose was to share progress in data entry, provide technical support to staff, resolve system problems and advocate for data entry completion. New deadlines for completing data entry work were set for each organization: CSSC zones by February 2012 and APHFTA by March 2012. BAKWATA still

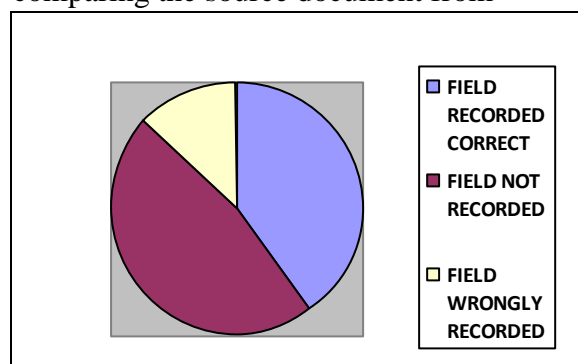
needs to put some systems in place to complete data collection. CSSC was requested to train IT technicians on Linux and Ubuntu platform so that they can support the sites to address software problems encountered.

Following the data entry workshop, CSSC organized a training to provide skills for six IT technicians to address HRIS software problems. CSSC funded the training with resources from its core budget as a sustainability measure. The training focused on technical computer programming skills for the IT Technicians to do data back up, delete duplicate data, generate reports, customize report views and provide stronger technical support to facilities

HRIS supportive supervision visit to CSSC western zone. CSSC organized a visit to its Western zone in Tabora and Sekonge hospital to review progress and provide technical assistance. The HRIS system was installed in 2010 and since then the hardware including computers and HRIS appliances have been working properly. Unfortunately, Sekonge hospital staff do not access the system regularly due to poor internet connection. Data backup is done at CSSC HQ; no backup is conducted at zonal level. Data entry is progressing very well. The zone has completed data entry for 92% of hospitals, 67% of health centers and all dispensaries. The system can generate different reports based the following fields cadre, sex, and retirement year, hire year, facility, location.

Fig 1: data quality status

The team reviewed the quality of data in the system by comparing the source document from Sikonge Hospital with the entry in the HRIS. The findings revealed more than 75% of fields entered in the system were recorded correctly. The team observed incorrect records in birth date, date of first appointment but a significant number of records were missing due to lack of data as shown in the figure 1. The team developed an action planned to address data quality challenges observed and will continue with regular follow up visits to assess data quality and support the zones to start utilizing the data for decision making.



Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

Improve staff orientation. The national orientation package has been finalized and formatted consistent with government of Tanzania and THRP requirements. The package provides step by step guidance as to how to orient new staff and welcome them in the workplace. Next quarter, the document will be endorsed by MOHSW Principal Secretary and disseminated to 135 LGAs as a reference document.

Job Fairs. A job fair (also known as a career fair or expo) provides an opportunity for employers to engage with job applicants in a typically informal setting. BMAF organized a job fair in Sengerema district which provided an opportunity for representatives from seven districts of Mwanza region to meet with potential nursing graduates from schools in Mwanza and discuss employment opportunities in their districts. BMAF organized a booth for district representatives and MOHSW and PMORALG to provide information to the students on employment opportunities in the health sector.

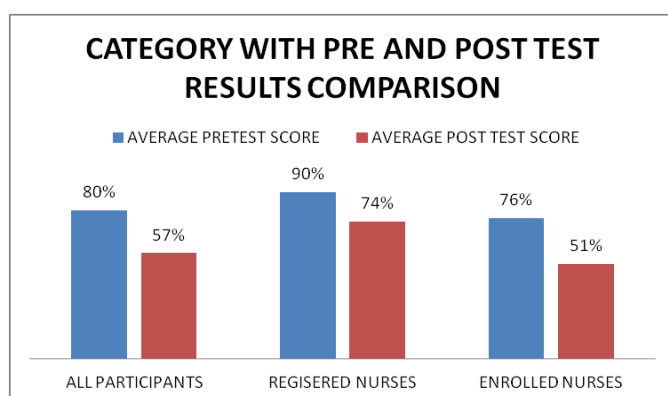
300 participants including graduates and final year students from Nursing and Clinical Officer Training schools attended the event. 122 final year students showed interest to secure employment at the LGAs; 53 students completed job application forms. The applications will be submitted to MOHSW for further action. A detailed report with analysis of the fair event is under development.



Students seeking information on job opportunities

Continuing Education Program (CEP) for nurses. Aga Khan Foundation, through the Aga Khan Health Services (AKHS) continued to support continuing education for nurses in Iringa. During this quarter it trained 30 nurses. The nursing themes covered were management of common medical emergencies, common illnesses and specific nursing care, infection control practices in patient care, maternal and child health care and review of pharmacology for common diseases. Figure 2 below shows an analysis of the pre and post test results. The findings show significant improvement in knowledge of nurses from 57% in pre test to 80% in post test. As expected, registered nurse scored higher in the pre- and post tests (from 74% to 90%) than enrolled nurses (from 51% to 76%).

Fig 2: Pre and post tests results of CPE training by cadre



Upgrading enrolled nurses to registered nurses. The final three students of Aga Khan University's (AKU) program to upgrade enrolled nurses (EN) to registered nurse sat the Ministry of Health examinations in July. One student passed all courses making a total of 14 students who successfully completed the upgrade course. Two students did not pass the national exam and will re-write their exams in Mtwara in February or March 2012.

AKU's enrichment or 'bridging' programme continued in October with 33 out of 38 enrolled students. Several students have not attended class because they were subsequently enrolled in the Ministry Schools of Nursing for the EN-RN upgrade programme. Unfortunately, these students enrolled despite having inadequate Form IV qualifications required for registration with the Tanzania Nursing and Midwifery Council (upon passing exams following Nursing School graduation). They have thus missed the opportunity to renew their Form IV qualifications prior to going to Nursing School.

C.2. Development of a Cadre of Para-social Workers (PSW)

THRP activities focused on program expansion in collaboration with PACT, PSW refresher training in Kilolo and Iringa MC, re-training advocacy teams in Mwanza and Dodoma, and conducting monitoring visits in Mwanza and Dodoma to support PSW.

PSW program expansion through collaboration with PACT. In collaboration with PACT, the PSW program is expanding beyond the original intent of THRP. During the quarter PACT and the THRP conducted three PSW I training in three districts: Nzega, Tabora Region; Bukoba, Kagera Region; and Musoma in Mara Region. They trained 177 PSWs and 38 PSW Supervisors with skills to identify MVCs, conduct outreach activities and provide basic social welfare services to MVCs and their care givers. After the training, PSW trainees will work with Pamoja Tuwalee (PACT) to provide basic social welfare services to MVCs in their village for six months before attending a follow up training to become a certified Para-social Worker. The trained PSW Supervisors are LGA employees trained to ensure the PSW trainees provide quality service to MVCs in their community and report PSW progress to the district through the district reporting channel.

PSW follow up training initiated in Iringa: The THRP initiated PSW follow-up training (PSW II) for the Iringa region in December 2011 starting with Iringa MC and Kilolo Regions. Participants are trained PSWs who have provided at least six months service to MVC in their community. THRP conducted PSW II for 169 PSW and 35 PSW Supervisors thus becoming fully fledged PSW. The training provided an opportunity for participants to share field experiences. Noted achievements include; increased number of children linked with MVC service providers, villages which use PSWs in the MVC identification process, the availability of MVC data at the district and an increased awareness of the community members on their roles to support MVC.

PSW program advocacy. The project continues to support District Advocacy Teams (DAT) in advocating for the support of PSW and MVC in their districts. This quarter, THRP retrained seven DAT in Mwanza and six DAT in Dodoma region to enhance their advocacy and M&E skills and renew their commitments to continue advocating for support for MVC and PSW. Initially established in 2010, these teams have been successful in their advocacy: they have organized PSW to form branches of PSW network (PASONET) in Dodoma, Mwanza and Iringa and have

advocated and successfully supported numerous Wards in their districts to establish community funds supporting MVC.

During the training the advocacy teams reviewed and revised their advocacy strategy and developed annual action plans particularly to advocate the inclusion of social welfare services to MVC in district budgets. THRP also oriented the teams on the project monitoring and evaluation framework and monthly and quarterly reporting tools to report progress in implementing their advocacy plans. DAT members participated in subsequent M&E followup visits to continue their orientation. They interviewed PSWs, gathered data on their progress and challenges in program implementation. They also advocated for Ward leaders to support MVC and PSW in their wards. The retraining and engagement in the data collection process highly motivated the teams. This is a best practice to be emulated in other areas. THRP will use DAT teams in monitoring the PSW program as one way to contribute to project sustainability.

Para Social Workers Network (PASONET). With an emphasis on the potential for sustainability, THRP continues to support PASONET's development. PASONET is a network of PSW to provide a forum for sharing experiences and mobilizing resources in support of PSW work and MVC. The national PASONET network was registered as civil service organization in 2010. The network headquarter is in Dodoma and is opening branches in all districts of Dodoma, Mwanza and Iringa. PASONET has made tremendous efforts to link PSW with service providers and mobilized resources to support PSW efforts. Recent successes of PASONET include:

- PASONET has linked PSW with PAMOJA TUWALEE (AfriCare) sub grantees in Dodoma and Iringa regions. It linked 37 PSW from Dodoma municipal with the group called Sharing World Tanzania. Sharing World Tanzania gave each PSW a bicycle and now provides a 42,000/= monthly allowance. In Kongwa DC, Para-social Workers receive a 50,000/= monthly allowance from another sub grantee. In Iringa, 26 PSW from Mufindi district are linked to the Afya Women Group. The financial incentives and close monitoring motivate PSW to continue support MVC in their communities.
- PASONET contributed to building the capacity of individual PSW. The network supported PSW to attend MVC training conducted by the Social Action Trust Fund (SATF) in Dodoma. SATF provides scholastic materials and pays school fees and contributions for MVCs.
- PASONET is working with compassion FPTC and *Dar-Ul-Muslimeen* in supporting 200 orphan students. Dar ul Muslimeen offered PASONET a computer and *Shura ya Maimamu* project provided PASONET 200,000/= for monitoring and reporting progress of orphans receiving educational support from the project. PASONET partnered with Save Your Generation Tanzania (SEGETA) to submit a proposal to implement Pamoja Tuwalee in Chamwino District Council in Dodoma. PASONET is still waiting for feedback from AfriCare.
- PASONET opened branches in Mwanza City Council, Singida Ukerewe. In Ukerewe PASONET works with (SAGETA) in an HIV project.

Some of challenges facing PASONET are include minimal funds for office administration; lack of office space, equipment and furniture; inadequate leadership and management skills. The newly formed PASONET branches do not have resources to run their offices. THRP will continue to

build organizational capacity of PASONET to enable the network to mobilize resources and support PSW and MVC even beyond project period.

Monitoring visits in Mwanza and Dodoma. THRP conducted follow up visit in collaboration with district advocacy team in Mwanza and Dodoma in October and December respectively. The detail report on the follow up visit is compiled. Table 2 presents findings, achievements:

Table 2: PSW program Achievements from Mwanza and Dodoma

	Mwanza	Dodoma
Linkages	PSW have linked MVC to service providers (Tunajali, Plan International, NERICO and the church) whereby MVC received psychosocial support, shelter, education, health care and economic strengthening through BRAC	<ul style="list-style-type: none"> • PSW have linked MVC with service providers (UMWEMA Group, AfricCare and World Vision) for support. • Provided 643 MVC with health support including mosquito net, clinic CHF and clinic cards; • Linked 377 MVC linked with education support • Linked 59 MVC to child protection services including birth certificate
Community support	PSWs managed to mobilize two communities in Kasema Ward to establish community funds for MVC care and support. In Magenge village the community contributed TZS 345,500/= to support MVC and in Mnekezi Village TZS 70,000 has been collected from the community	<ul style="list-style-type: none"> • Communities in Mkoka ward in Kongwa District mobilized to contribute for MVC support. The ward opened a bank account for MVC funds and community members committed to contribute 1000 per month. I • In Hogoro ward, community members contributed 120, 000/= and allocated 4 acres of land for MVC support. The funds will be used to support farming activities as of January 2012.

The teams encountered similar challenges in each of the districts visited:

- Where an advocacy team had not previously visited, community awareness on MVC was low with limited lack of support to PSWs;
- Districts did not have a budget line for supporting MVC or PSWs using their own sources except for education support;
- Districts did not adequately follow up PSW activities;
- Districts did not have transport facility or financial support for PSWs
- The transfer of PSW Supervisors and relative high drop out of PSWs limited psycho social services in some wards and villages;
- District Social welfare Officers did not consistently report data received from PSWs Supervisors though they are required to aggregate data for quarterly reports for their head of departments and IntraHealth

The MVC program will continue to work with the districts in addressing these challenges. THRP will continue advocating for district support for MVC and PSW using the DAT team. THRP will continue to take steps to improve PSW working environment by linking PSW with

MVC providers in their location and signing MOU with the district which will lay foundation for supporting PSW.

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Work Climate Initiative. IntraHealth and BMAF staff finalized the terms of reference for a Work Climate Initiative and Productivity baseline assessment. The effort is scheduled for February 2012. The assessment will provide a benchmark for measuring efforts to improve the work climate and the productivity of health workers at facility level. A gender analysis is included in the assessment to determine how gender issues affect provider productivity.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

Following the orientation for a new Program Associate, MSH initiated a few capacity building activities with CSSC and BMAF towards the end of this quarter. Most will be completed next quarter, as described below.

Christian Social Services Commission (CSSC).

Operations Manual for Zonal Offices. Previously, MSH supported CSSC to develop an Operations Manual for personnel, administrative and financial procedures in a straightforward manner. This quarter, MSH engaged a local consultant, Professor Kessy, to conduct a one-day training on the zonal operational manual with the CSSC team. The consultant was involved in developing the zonal operational manual for CSSC's five zonal offices. Mr. Peter Maduki also participated and provided a unique avenue for the CSSC senior management and zonal teams, to have a uniform understanding of the operational manual and policies.

Improve filing system. MSH received a request to support a CSSC filing system. The new filing system will transform the paper-based system into an electronic format. In December MSH engaged a consultant, Mr. John Masamalo, who has significant experience in both manual filing and electronic filing systems. Mr. Masamalo revised the current filing system, conducted group discussions and key informant interviews with CSSC staff, developed a user-friendly filing system and presented the new filing structure. The draft report has five recommendations for action, including: Need to track flow of documents, manage office space and decentralize some filing to respective departments/units, familiarize staff from each unit or Department with the registry and the file index and consistently update each staff member. CSSC needs a policy to guide staff to use the filing system in place. The consultant recommended options among various software packages that can be used to improve the filing system. A new system is expected to reduce the loss of documents, while sharing and producing the files or information in the most efficient and timely fashion. MSH will monitor the progress of the new filing system.

Benjamin Mkapa HIV/AIDS Foundation (BMAF).

In Year 3, less support is requested by BMAF because they have successfully built their in house capacity.

Capacity building in ICT. MSH assisted BMAF to finalize ICT policy and guidelines in October 2010. BMAF requested MSH to train their staff on ICT. The training was supposed to occur in early December, but later modalities of the training were changed and hence postponed until further discussion.

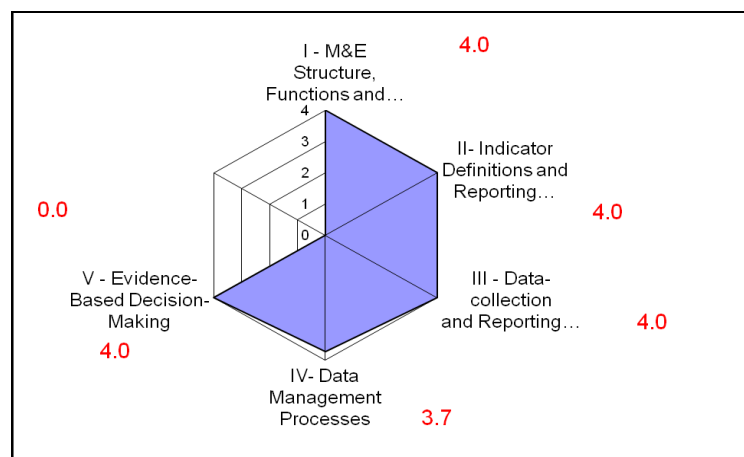
VI. MONITORING AND EVALUATION

The monitoring activities within the MVC program, refresher training for MVC advocacy teams in and PSW follow up visits in Mwanza and Dodoma, were discussed above. The SWW assessment and HRIS follow-up visits in Dar es Salaam, Coastal region and CSSC Northern Zone were also discussed above.

Data Quality Assessment (DQA). The Measure Evaluation project completed its DQA exercise and briefed IntraHealth staff in November. The overall findings show that the project has developed an M&E system able to produce data to inform program decisions. THRP M&E plans scored 92% of the total score for M&E plan in the RDQA tool. The team verified, at 100%, the in-service and pre service trainings achievements reported in SAPR for the period October 2010 to March 2011.

Figure 3 summarizes the RDQA scores for THRP M&E system assessment: structure, indicators, data collection tools and evidence based decision making. The scores range from 0 to 4, with zero indicating a non-applicable area which is therefore not assessed and four being the maximum possible score. Four out of six assessed areas received a maximum score of 4.0 showing the M&E system is able to collect and produce data to inform decision making. Linking to national system scored 0 as the project is not reporting data directly into a national reporting system hence there is no direct link.

Figure 3. M&E System Assessment Scores



The Measure team visited Dodoma, Iringa and Mwanza to trace PSWs and assess how the report their progress to their supervisors. The DQA Team did a random sampling of 79 PSWs from the three regions. The team traced 65% of the PSWs selected. The PSWs were using standard data collection forms and 78% of them were completing these forms. When asked if they provided services to MVC in past three months, 92% of PSW said yes. Similarly 92% of PSW said they are using data collected for planning purposes.

Performance Indicators: A summary of project results against its quantitative targets can be found in Table 3 below. The project did not reach 25% of the planned targets for in service and pre service trainings. The first quarter had short period for implementation of program due to holidays. More activities will be conducted next quarter to meet the quarterly targets.

Table 3: Performance – PEPFAR Indicators and Results, October 2011 – December 2011

#	Indicator	Program Area	Partner	PEPFAR Targets (Oct 11 -Sept 12)	Achievements (Oct -Dec 11)	Achievements (Jan -Mar 12)	Achievements (Apr -June 12)	Achievements (Jul –Sep 11)	% Achieved (Oct 11 – Sep12)
H2.1.D:	Number of new health care workers who graduated from a pre-service training institution, disaggregated by sex and cadre	HRH	AKF	3	1				33%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.		PSW	1000	177**				18%
			PSW Supervisors*		38				
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period		PSW	1030	169				16%
			PSW Supervisors*		35				
		MVC							
		HRH - CED	AKH	170	91			56%	
		HRH	BMAF	57	14			25%	
		HRIS	CSSC	182	13			7%	
		HRIS	UDSM/IH	860	9				1%
PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project				2300	331				14%

* PSW Supervisors also attended PSW training

** The PSW training was conducted in collaboration with PACT

VII. Program Management

Quarterly Partners Meeting. BMAF and IntraHealth facilitated the quarterly partners meeting on 9 November. The priority focus was on sustainability as the project has passed the half-way mark for implementation.

Planning and Preparation for USAID Review of THRP. Towards the end of the quarter THRP Country Director and program staffs from IntraHealth and BMAF were very engaged with USAID AOTR in preparation of Program Review of the THRP. Following numerous planning discussions with USAID in November, THRP staff organized field visits for the team to Iringa, Mtwara and Mwanza. BMAF field office staff facilitated courtesy calls and appointments with regional and district authorities and had a project vehicle available in each location. THRP Country Director accompanied the team on the visit to Iringa. The review team initiated their effort with a project overview and orientation to the many documents produced in the last three years; they also met with BMAF and CSSC staff separately in December. The review team briefed THRP leadership on initial insights and findings just prior to the Christmas holiday. A draft report should be available for review by 20 January.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those of THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

Table 4: Informational and advisory meetings in which THRP partner staff participated

Date	Designation/Visitor	Purpose
4 Nov	Tsegaye Tilahun Psychosocial Support & Economic Strengthening Advisor USAID/Ethiopia	IntraHealth and AIHA briefing of program to develop a cadre of Para-social workers and systems efforts to build capacity of Social Work education in Tanzania
18 Nov	S. Sadananda Director, IDPMS	THRP briefing for Indian NGO, Initiatives for Development through Participation of Marginalized Sections, that works to strengthen accountability for government services in health. Interested in the use of hand-held devices for health advocacy.
8 Dec	DAI—IMARISHA Project	Public-Private Partnership Workshop

Project staffing and staff development

- IntraHealth is recruiting for a Programme Officer—Communications. The advertisement appeared in local papers in December.
- BMAF held a retreat for its entire staff in Tanga. The focus was to strengthen the organization through creating a ‘winning organizational culture,’ and team building. The effort provided an opportunity to for orienting many new staff.

Project Financial Status. In October 2011, IntraHealth received its first FY11 obligation, \$4,270,482, posted to its letter of credit. With this obligation the THRP reached the project ceiling limit of \$18m. By the end of December the project had expended 78% of available funding. At the current burn rate, the project has approximately a seven month pipeline through July 2012.

The \$4.2 m incremental funding was only 73% of anticipated FY11 funds, \$5,866,259, for which the current workplan was developed. By the end of the quarter USAID requested IntraHealth to prepare background documents, project description and budget, necessary for USAID to increase the project ceiling, extend the project by six months (to October 2013) and obligate the remaining FY11 funding. IntraHealth awaits confirmation of the USAID TEC increase process before initiating a major re-alignment of its program activities.

Table 5: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 31 December 2011:	\$18,000,000
Expenditures through prior quarter (through September 2011)	\$12, 219,396
Expenditures this quarter (October—December 2011)	\$1, 780,288
Total Expenditures through 31 December 2011 (expenditures started 1 May 2009)	\$13, 999,684
Pipeline as of 1 January 2012	\$4, 000,316

Technical assistance: A summary of international technical assistance during the quarter can be found in **Table 6** on the final page of this document.

VIII. PLANNED ACTIVITIES, January —March 2012

Support to National Level Government

BMAF and IntraHealth

- Continue support to MOHSW for updating the 1999 staffing guideline; support MOHSW to address the recommendations from the external consultant review including harmonization of disparate efforts within the ministry;
- Finalize the multisectoral criteria for defining the underserved area and incentive package draft report and obtain inputs from key HRH stakeholders through MOHSW HRH Working Group, PMORALG and POPSM.
- Print and distribute national orientation package to all 134 councils and 21 RHMT's for easy reference at lower level

Establishing a Functional Comprehensive Human Resource Information System

HRIS (IntraHealth, UDSM and PMO-RALG)

- Coordinate PMORALG study visit to Namibia
- Deploy LGHRIS to 38 districts in the Lake Zone (Mwanza, Shinyanga, Kagera and Mara Regions)
- Assess HRIS status (deployment, data entry, updates) for 24 LGAs
- Coordinate data sharing with MOHSW, PMO-RALG and other stakeholders of PMO-RALG
- Aggregate LGHRIS data from deployed LGAs to PMO-RALG
- Work on LGHRIS interoperability/data sharing with MOHSW and PO-PSM HR systems
- Conduct follow-up visits in LGAs to assess system utilization, data use, and identify gaps in data and skills.
- Conduct follow up visits to Zanzibar HRIS central and districts for review of data utilization

CSSC

- Conduct quarterly project committee meeting
- Conduct HRH stakeholder database analysis at national level
- Conduct follow up on the accessibility and utilization of MOHSW policy and guidelines at random selected three hospitals
- IMA technical assistance to prepare HRIS data use and related HR management training for CSSC, APHFTA and BAKWATA
- Conduct training on statistical and workforce analysis to key HRH staff at CSSC, APHFTA and BAKWATA.
- Host HRIS site for APHFTA and BAKWATA
- Design and train the use of dash board to feed information from the system to decision makers—with MSH technical assistance
- Train IT Technicians and Data Clerk in report generation and data verification for CSSC, APHFTA and BAKWATA.
- Install HRIS and train 30 HRIS focal person to selected 15 CSSC Hospitals
- Conduct preventive maintenance to support BAKWATA, CSSC and APHFTA.

District HRH Strengthening and Development

BMAF

- Support coaching and mentoring visit to 34 districts of Mwanza, Mara, Shinyanga, Kagera and Ruvuma;
- Finalize the in-depth analysis of the recruitment bottleneck study and OPRAS study

AKN (AKHS and AKU)

- Continue with the remedial classes for student
- Donate nursing text books (which were originally for another group of EN-RN upgrade students) to Mtwara, Lindi nursing schools and some to COTC library
- Conduct monitoring visit in Iringa to monitor if the CPE training has improved service delivery to clients
- Review of training needs for enrolled nurses with stakeholders
- Conduct CPE training for nurses

Developing a Cadre of Para-Social Workers (MVC Program)

- Draft MVC Program manual for internal review
- Conduct a situation analysis and desk review on the existing situation of social welfare service delivery in Mtwara region
- Harmonize M&E tools and develop a case book for PSWs data collection and reporting
- Plan for and conduct background preparation for a Program Review meeting
- Conduct PSW training in Mtwara; conduct PSW refresher training in Iringa
- Finalize MVC program database
- Support PASONET in organizational development
- Conduct district and community level follow up in Iringa

Monitoring and Evaluation

- Support social welfare workforce assessment team in data analysis and report writing
- Conduct monitoring visit to assess progress in HRIS implementation and utilization in LGAs in collaboration with UDSM and CSSC
- Conduct PSW follow-up training for Iringa Municipal Council and Mufindi to document progress of PSW in service provision to MVC
- Support the PMORALG to harmonize MVC reporting systems
- Initiate work climate and productivity baseline assessment in collaboration with BMAF
- Ongoing M&E technical support to partners including review assessment planning documents and reports

Capacity Building (through MSH)

- Technical assistance for newly trained national HR experts as they deploy to the district and begin training and supporting local HR team.
- Support HRM coaching and mentoring team as they deploy in Ruvuma and Lake Zone
- Support the CSSC system monitoring of good governance and gender issues within CSSC.
- Conduct training in program management to the CSSC zonal level staff to build managerial and leadership competencies.
- Conduct training in program management and financial management to BMAF
- Conduct training on strategic management/planning and strategy development for the CSSC zonal offices.

Table 5: International Technical Assistance, October—December 2011

Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
William Kiarie MSH Consultant	17—21 October	THRP	Facilitate a skills building workshop for MOHSW staff; participants are leaders of national HRH plan Strategic Objective Teams responsible for the coordination of donor and implementing agency activities according to the national HRH plan.	BMAF, MOHSW (Human Resource and Administration and Personnel Departments)